

# **Section 1: Introduction to the California Medi-Cal Dental Program**

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# INTRODUCTION TO THE CALIFORNIA MEDI-CAL DENTAL PROGRAM

## Program Background

In July 1965, two important amendments to the Social Security Act greatly expanded the scope of medical coverage available to much of the population. Title XVIII established the Medicare program, and Title XIX created the optional state medical assistance program known as Medicaid. This legislation also provided for the federal government to match funds for states electing to implement a comprehensive health care program.

In November 1965, legislation was signed to implement the Title XIX program in the State of California, called "Medi-Cal." A dental segment of this program was subsequently established. Initially, benefits provided under the California Medi-Cal Dental Program were approved by the State and paid by Blue Shield of California as fiscal intermediary. Since January 1, 1974, Delta Dental of California has been pleased to administer the Medi-Cal Dental Program for the State of California.

## Program Objectives

The primary objective of the California Medi-Cal Dental Program is to create a better dental care system and increase the quality of services available to those individuals and families who rely on public assistance to help meet their health care needs. Through expanding participation by the dental community and efficient, cost-effective administration of the California Medi-Cal Dental Program by Delta Dental, the goal to provide quality dental care to Medi-Cal beneficiaries continues to be achieved.

## Delta Dental of California (Denti-Cal)

Governed by policies that are subject to the laws and regulations of the Welfare and Institutions (W & I) Code and Title 22 of the California Code of Regulations (CCR), Delta Dental has successfully administered dental services to Medi-Cal beneficiaries on behalf of the Department of Health Services under the California Medi-Cal Dental Program, known as

Denti-Cal. Delta Dental was most recently awarded the contract for the administration of Denti-Cal in August 2004, effective May 2005. This contract will continue for four years with the possibility of three one-year extensions.

Over the years, the Denti-Cal program has undergone several changes. Legislation in 1991 brought about reduced documentation and prior authorization requirements for many common procedures, increased the fees paid to providers for these services, and expanded outreach activities to promote greater access to dental care for all Medi-Cal beneficiaries. The Denti-Cal program has also seen the creation of an orthodontic benefits program for beneficiaries with handicapping malocclusion. The scope of available services was widened with the addition of dental sealants as a covered benefit. Innovative program enhancements such as direct deposit of Denti-Cal payments and electronic claims submission continue to bring Denti-Cal to the forefront as one of the most advanced systems of subsidized dental health care delivery in the United States.

In administering the California Medi-Cal Dental Program, Denti-Cal's primary function is to process claims and treatment authorization requests (TARs) submitted by providers for dental services performed for Medi-Cal beneficiaries. It is the intent of Denti-Cal to process claims and TARs as quickly and efficiently as possible. A description of the processing workflow is offered to promote a better understanding of the Denti-Cal automated claims processing system.

## Overview of Claim and Treatment Authorization Request (TAR) Processing

## Document Control Number (DCN)

All incoming documents are received and sorted in the Denti-Cal mail room. Claims and TARs are separated from other incoming documents, including general correspon-

dence, and assigned a Document Control Number (DCN).

The DCN is a unique number containing 11 digits in the following format:

06 059 1 000 01

The first five digits of the DCN represent the Julian date of receipt. In the example shown above, '05' designates the year, and '059' designates the fifty-ninth day of that year. The sixth digit, '1,' identifies the type of document: 1 = claim or TAR. The remaining five digits of the DCN represent the sequential number assigned to the document. Thus, the document assigned the DCN shown in the example above would be the first claim/TAR received by Denti-Cal on the fifty-ninth day of 2006 or February 28, 2006.

Claims and TARs plus any attachments are then microfilmed, batched and forwarded to Data Entry, where pertinent data from the forms is entered into the automated claims processing system.

### **Edits and Audits**

After data from the claim or TAR is entered into the system, the information is automatically edited for errors. Errors are highlighted on a display screen, and the data entry operator validates the information entered against that contained on the original form. When necessary corrections are made and the operator confirms that the information entered is correct, the system prompts the operator as to the proper disposition of the claim or TAR.

### **Claim and TAR Adjudication**

Information on a claim or TAR form is audited via a series of manual and automated transactions to determine whether the services listed should be approved, modified or disallowed. If the claim data is determined to be satisfactory, the result is payment, with the issuance of an Explanation of Benefits (EOB) and a check.

If the TAR data is determined to be satisfactory, the result is authorization of treatment, with the issuance of a Notice of Authorization (NOA).

If the information submitted on the claim or TAR is not sufficient, the document is held for further manual review until a resolution can be concluded. In some instances, more information may be required to make a determination. Denti-Cal will issue a Resubmission Turn-around Document (RTD) to request additional information from the provider.